

The special attention of Physicians is respectfully invited to the following:

# Health Department, City of Baltimore.

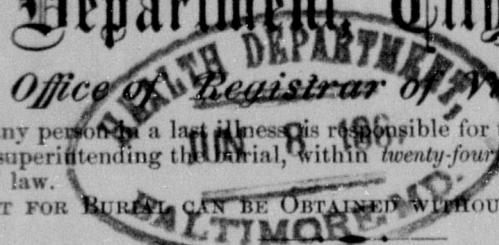
Permit No. A 257

Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death,

June 7. 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Sarah J. Shipley

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

66 Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Book  
Balt. Med.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number. }

8 S. Patterson Park Ave

Cause of Death, { First (Primary),

Cerebral hemorrhage

Second (Immediate),

Paralysis

Duration of Last Sickness,

One day

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount Cem.

Date of Burial,

June 8 1887

L. G. Clark

M. D.

Undertaker,

H. A. Sawyer Atty,

Medical Attendant.

Place of Business,

229 Broadway

Address, 2000 S. Patr.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 252

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, June 8, 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Elizabeth Albiker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, 8 Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1830 N. Pratt St.

Cause of Death, { First (Primary), Symptomatic Asthma  
Second (Immediate), Typhoid fever }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jun 9th

Undertaker, Andrew Rohde

Place of Business, 930 Penn Ave Address,

J. R. Wilson

M. D.

Medical Attendant.

1830 N. Pratt St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

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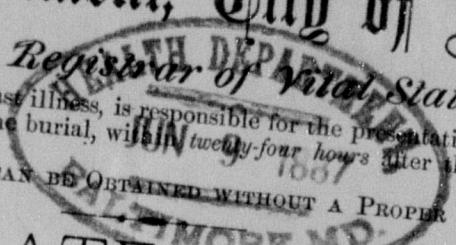
[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to the following:

**Health Department, City of Baltimore.**

Permit No. **203** Office of Registrar of Vital Statistics. Ward **202**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.



NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, **7/87**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **44**

Years,

Months,

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, **Sharp's Cemetery**

Date of Burial, **June 9<sup>th</sup> 1887**

Undertaker, **Paul W. Chase**

Place of Business, **641 S. Howard St.**

Address, **601 Franklin**

Medical Attendant

City of Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

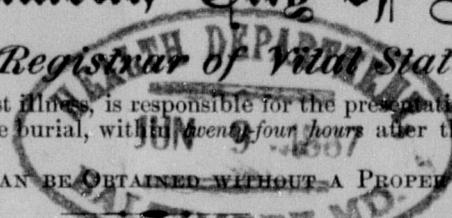
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 2524 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

## CERTIFICATE OF DEATH.

Date of Death, June 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 215 Hughes St

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, June 9<sup>th</sup> 1887

{ Undertaker, Emanuel W. Chase

M. D.

Medical Attendant.

{ Place of Business, 641 S. Howard St Address, 617 Sharp's

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. 255

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7<sup>th</sup> 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sam'l C. Turch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, DaysColor, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ClerkBirth Place, { State or country, and how long in the United States, if of foreign birth. } N.Y. StateDuration of Residence in the City of Baltimore, 15 yearsPlace of Death, { Give Street and Number. } 405 W Lombard StCause of Death, { First (Primary),  
Second (Immediate), }Chronic BronchitisDuration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral CemeteryDate of Burial, June 9<sup>th</sup> 1887{ Undertaker, Los G. Byrne{ Place of Business, 59 N Liberty StH.W. Oings

M. D.

Medical Attendant.

Address, 1319 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore,

Permit No. A 256 Office of Registrar of Vital Statistics. Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Jun 8<sup>th</sup> 1878

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Smith

Sex, Male or Female { Cross out the word not required in this line. }

Age, 4 Years, — Months, 12 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give street and number. }

542 orchard st.

Cause of death, { First, (Primary). }

Second, (Immediate.)

Pneumitis (cerebral) &amp; Pneumonia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Dr. Troy Smith

Date of Burial, Jun 9 1878

M. D.,

{ Undertaker, Alex Keysley }

Medical Attendant.

{ Place of Business, 561 orchard st. }

Address, G. G. Blood Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 257 Office of Registrar of Vital Statistics. Ward 17 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 8/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Ehrman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 9 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baileys

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 1246 West St. L. Pt.

Cause of Death, { First (Primary), Syphilitic Croup, Second (Immediate), Asphyxia }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Graveside Cemetery

Date of Burial, June 10/87

Undertaker, R. W. Mansfield M. D.

Place of Business, 151st Bond St. Address, 129 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 258**

Office of Registrar of Vital Statistics.

Ward **177**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

Date of Death, **June 8<sup>th</sup>**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **George A. Fick**

Sex, Male or Female, { Cross out the word not } required in this line. **Male**

Age, **77** Years, **5** Months, — Days

Color, **Dark**

Married, Single, Widow or Widower, { Cross out the words not } required in this line. **Single**

Occupation, **Machinist**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **53 years**

Place of Death, { Give Street and Number. } **125 Randall St.**

Cause of Death, { First (Primary), Second (Immediate), } **Bright's Disease**  
**Atmenia**

Duration of Last Sickness, **Year**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cemetery**

Date of Burial, **June 10**

Undertaker, **Bernard Harle**

Place of Business, **115 West St.**

**Altmanick** M. D.  
Medical Attendant.

Address, **949 Madison Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

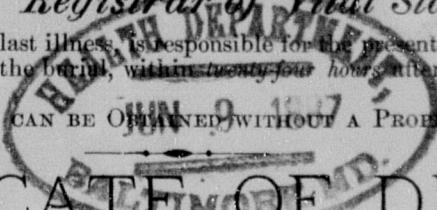
Permit No. A 259

Office of Registrar of Vital Statistics.

Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death,

June

J. 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mr. Andrew Boyd Lewis

Sex, Male or Female,

Cross out the word not required in this line.

Age,

75 Years,

Months,

Days.

Color,

white

✓

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Rose - maker

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balt. City Md.

Duration of Residence in the City of Baltimore,

Five years

Place of Death,

Give Street and Number.

116 S. Chester St.

Cause of Death,

First (Primary),

Cerebral Hemorrhage

Second (Immediate),

Paralysis

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 10 1887

{ Undertaker,

J. G. Clark

M. D.

Medical Attendant.

{ Place of Business,

301 N Broadway

Address, 200 S. Calle St.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to use of Discrepancy Box on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 260

Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death,

May 8<sup>th</sup> 1883 John Howell Gatchell

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, 5 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore

Place of Death, { Give Street and Number. } 1423 Lombard St.

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 10<sup>th</sup> 1884

Undertaker, Newell & Son

Place of Business, Park Saratoga

Address, 345 Charles St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]